

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

ADDRESS (number and street)

CNA PLAZA - CORPORATE TAX (24S)

☐Check if different
than previously
reported. (ACC)

CHICAGO

IL

60685

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00078287

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☒July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2005

through

06

30

2005

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Karen E. Melchert

Signature of Treasurer

Electronically Filed by Karen E. Melchert

Date

07

27

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only							
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FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	5

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	5

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2005		24014.26
(b) Cash on Hand at Beginning of Reporting Period	24014.26	
(c) Total Receipts (from Line 19)	51736.91	51736.91
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	75751.17	75751.17
7. Total Disbursements (from Line 31)	29601.94	29601.94
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	46149.23	46149.23
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	5

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	5

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	34050.00	34050.00
(ii) Unitemized	17686.91	17686.91
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	51736.91	51736.91
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➤	51736.91	51736.91
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	51736.91	51736.91
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	51736.91	51736.91

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	101.94	101.94
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	101.94	101.94
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	25500.00	25500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	4000.00	4000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	29601.94	29601.94
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	29601.94	29601.94

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	51736.91	51736.91
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	51736.91	51736.91
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	101.94	101.94
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	101.94	101.94

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name (Last, First, Middle Initial)

A. Amy Adams

Mailing Address CNA Plaza

City State Zip Code
 Chicago IL 60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA Insurance

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 1 3 / 2 0 0 5

Transaction ID: SA11A1.6905

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

B. David Ballard

Mailing Address CNA Plaza

City State Zip Code
 Chicago IL 60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 1 3 / 2 0 0 5

Transaction ID: SA11A1.6910

Amount of Each Receipt this Period

300.00

Contribution

Full Name (Last, First, Middle Initial)

C. John Brand

Mailing Address CNA Plaza

City State Zip Code
 Chicago IL 60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 1 3 / 2 0 0 5

Transaction ID: SA11A1.6919

Amount of Each Receipt this Period

750.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A. Full Name (Last, First, Middle Initial) George Busche			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 5	
Mailing Address CNA Plaza			Transaction ID: SA11A1.6882	
City State Zip Code Chicago IL 60685		Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Contribution		
Name of Employer CNA		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		
B. Full Name (Last, First, Middle Initial) Bruce Cluskey, q			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 5	
Mailing Address CNA Plaza			Transaction ID: SA11A1.6923	
City State Zip Code Chicago IL 60685		Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C		Contribution		
Name of Employer CNA		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		
C. Full Name (Last, First, Middle Initial) Michael Colliau			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 5	
Mailing Address CNA Plaza			Transaction ID: SA11A1.6926	
City State Zip Code Chicago IL 60685		Amount of Each Receipt this Period 350.00		
FEC ID number of contributing federal political committee. C		Contribution		
Name of Employer CNA Insurance		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00		
SUBTOTAL of Receipts This Page (optional)			1150.00	
TOTAL This Period (last page this line number only)				

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A. Full Name (Last, First, Middle Initial) Cameron Cook			Date of Receipt MM / DD / YYYY 05 / 13 / 2005	
Mailing Address CNA Plaza			Transaction ID: SA11A1.6927	
City State Zip Code Chicago IL 60685		Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C		Contribution		
Name of Employer CNA Insurance		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		
B. Full Name (Last, First, Middle Initial) Linda Core			Date of Receipt MM / DD / YYYY 05 / 13 / 2005	
Mailing Address CNA Plaza			Transaction ID: SA11A1.6929	
City State Zip Code Chicago IL 60685		Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Contribution		
Name of Employer CNA		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		
C. Full Name (Last, First, Middle Initial) Jeffrey Day			Date of Receipt MM / DD / YYYY 05 / 13 / 2005	
Mailing Address CNA Plaza			Transaction ID: SA11A1.6930	
City State Zip Code Chicago IL 60685		Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C		Contribution		
Name of Employer CNA Insurance		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		
SUBTOTAL of Receipts This Page (optional)			1100.00	
TOTAL This Period (last page this line number only)				

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A. Full Name (Last, First, Middle Initial)

Nicholas Diacou

Mailing Address CNA Plaza

City State Zip Code
 Chicago IL 60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 6 / 2 0 0 5

Transaction ID: SA11A1.6874

Amount of Each Receipt this Period

300.00

Contribution

B. Full Name (Last, First, Middle Initial)

Terry Dinterman

Mailing Address CNA Plaza

City State Zip Code
 Chicago IL 60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA Insurance

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 3 / 2 0 0 5

Transaction ID: SA11A1.6932

Amount of Each Receipt this Period

300.00

Contribution

C. Full Name (Last, First, Middle Initial)

Angela DiVito

Mailing Address CNA Plaza

City State Zip Code
 Chicago IL 60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 3 / 2 0 0 5

Transaction ID: SA11A1.6933

Amount of Each Receipt this Period

500.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A. Full Name (Last, First, Middle Initial) Bruce Dmytrow			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 5	
Mailing Address CNA Plaza			Transaction ID: SA11A1.6935	
City State Zip Code Chicago IL 60685			Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			Contribution	
Name of Employer CNA		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		
B. Full Name (Last, First, Middle Initial) Connie Eggleston			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 5	
Mailing Address CNA Plaza			Transaction ID: SA11A1.6937	
City State Zip Code Chicago IL 60685			Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			Contribution	
Name of Employer CNA		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		
C. Full Name (Last, First, Middle Initial) David Fennell			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 5	
Mailing Address CNA Plaza			Transaction ID: SA11A1.6939	
City State Zip Code Chicago IL 60685			Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C			Contribution	
Name of Employer CNA		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		
SUBTOTAL of Receipts This Page (optional)			1300.00	
TOTAL This Period (last page this line number only)				

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A. Full Name (Last, First, Middle Initial) Daniel Fortin			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 9 / 2 0 0 5	
Mailing Address CNA Plaza			Transaction ID: SA11A1.6896	
City State Zip Code Chicago IL 60685		Amount of Each Receipt this Period 750.00		
FEC ID number of contributing federal political committee. C		Contribution		
Name of Employer CNA		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00		
B. Full Name (Last, First, Middle Initial) Janet Frank			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 9 / 2 0 0 5	
Mailing Address CNA Plaza			Transaction ID: SA11A1.6898	
City State Zip Code Chicago IL 60685		Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Contribution		
Name of Employer CNA		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		
C. Full Name (Last, First, Middle Initial) Michael Gengler			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 6 / 2 0 0 5	
Mailing Address CNA Plaza			Transaction ID: SA11A1.7449	
City State Zip Code Chicago IL 60685		Amount of Each Receipt this Period 750.00		
FEC ID number of contributing federal political committee. C		Contribution		
Name of Employer CNA		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00		
SUBTOTAL of Receipts This Page (optional)			2000.00	
TOTAL This Period (last page this line number only)				

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 34

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A. Full Name (Last, First, Middle Initial)

Connie Gianakas

Mailing Address CNA Plaza

City State Zip Code
 Chicago IL 60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 3 / 2 0 0 5

Transaction ID: SA11A1.6944

Amount of Each Receipt this Period

300.00

Contribution

B. Full Name (Last, First, Middle Initial)

John Golden

Mailing Address CNA Plaza

City State Zip Code
 Chicago IL 60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 3 / 2 0 0 5

Transaction ID: SA11A1.6945

Amount of Each Receipt this Period

1000.00

Contribution

C. Full Name (Last, First, Middle Initial)

Todd Greeley

Mailing Address CNA Plaza

City State Zip Code
 Chicago IL 60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 3 / 2 0 0 5

Transaction ID: SA11A1.6946

Amount of Each Receipt this Period

500.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A. Full Name (Last, First, Middle Initial) Dawn Griffin		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 5
Mailing Address CNA Plaza		Transaction ID: SA11A1.7481
City Chicago	State IL	Zip Code 60685
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer CNA	Occupation Executive	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B. Full Name (Last, First, Middle Initial) Lynn Gugenheim		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 5
Mailing Address CNA Plaza		Transaction ID: SA11A1.6948
City Chicago	State IL	Zip Code 60685
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer CNA	Occupation Executive	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

C. Full Name (Last, First, Middle Initial) Catherine Guilfoyle		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 5
Mailing Address CNA Plaza		Transaction ID: SA11A1.6949
City Chicago	State IL	Zip Code 60685
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer CNA	Occupation Executive	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A. Full Name (Last, First, Middle Initial)

Michael Haas

Mailing Address CNA Plaza

City State Zip Code
 Chicago IL 60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA Insurance

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 1 3 / 2 0 0 5

Transaction ID: SA11A1.6953

Amount of Each Receipt this Period

750.00

Contribution

B. Full Name (Last, First, Middle Initial)

James Harms

Mailing Address CNA Plaza

City State Zip Code
 Chicago IL 60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 0 9 / 2 0 0 5

Transaction ID: SA11A1.6899

Amount of Each Receipt this Period

300.00

Contribution

C. Full Name (Last, First, Middle Initial)

Anna Hicks

Mailing Address CNA Plaza

City State Zip Code
 Chicago IL 60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 1 3 / 2 0 0 5

Transaction ID: SA11A1.6956

Amount of Each Receipt this Period

300.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A. Full Name (Last, First, Middle Initial) Fatmire Hotza			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 5	
Mailing Address CNA Plaza			Transaction ID: SA11A1.6959	
City State Zip Code Chicago IL 60685		Amount of Each Receipt this Period 400.00		
FEC ID number of contributing federal political committee. C		Contribution		
Name of Employer CNA Insurance		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00		
B. Full Name (Last, First, Middle Initial) Patricia Hurston			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 5	
Mailing Address CNA Plaza			Transaction ID: SA11A1.6961	
City State Zip Code Chicago IL 60685		Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Contribution		
Name of Employer CNA		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		
C. Full Name (Last, First, Middle Initial) Dawn Jaffray			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 5	
Mailing Address CNA Plaza			Transaction ID: SA11A1.6962	
City State Zip Code Chicago IL 60685		Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C		Contribution		
Name of Employer CNA		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00		
SUBTOTAL of Receipts This Page (optional)			2900.00	
TOTAL This Period (last page this line number only)				

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name (Last, First, Middle Initial)

A. Jacqueline Johnson

Mailing Address CNA Plaza

City State Zip Code
 Chicago IL 60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 3 / 2 0 0 5

Transaction ID: SA11A1.6965

Amount of Each Receipt this Period

300.00

Contribution

Full Name (Last, First, Middle Initial)

B. Steven Jones

Mailing Address CNA Plaza

City State Zip Code
 Chicago IL 60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA Insurance

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 3 / 2 0 0 5

Transaction ID: SA11A1.6968

Amount of Each Receipt this Period

300.00

Contribution

Full Name (Last, First, Middle Initial)

C. Richard Kaminsky

Mailing Address CNA Plaza

City State Zip Code
 Chicago IL 60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 3 / 2 0 0 5

Transaction ID: SA11A1.6969

Amount of Each Receipt this Period

500.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A. Full Name (Last, First, Middle Initial)

Jonathan Kantor

Mailing Address CNA Plaza

City State Zip Code
 Chicago IL 60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 1 4 / 2 0 0 5

Transaction ID: SA11A1.6884

Amount of Each Receipt this Period

1000.00

Contribution

B. Full Name (Last, First, Middle Initial)

Robert Keith

Mailing Address CNA Plaza

City State Zip Code
 Chicago IL 60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 1 3 / 2 0 0 5

Transaction ID: SA11A1.6973

Amount of Each Receipt this Period

750.00

Contribution

C. Full Name (Last, First, Middle Initial)

Karen Knight

Mailing Address CNA Plaza

City State Zip Code
 Chicago IL 60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 1 3 / 2 0 0 5

Transaction ID: SA11A1.6974

Amount of Each Receipt this Period

350.00

Contribution

SUBTOTAL of Receipts This Page (optional)

2100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A. Full Name (Last, First, Middle Initial) Lori Komstadius			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 5	
Mailing Address CNA Plaza			Transaction ID: SA11A1.6885	
City State Zip Code Chicago IL 60685			Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			Contribution	
Name of Employer CNA		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		
B. Full Name (Last, First, Middle Initial) Carla Kambric Lammers			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 5	
Mailing Address CNA Plaza			Transaction ID: SA11A1.6981	
City State Zip Code Chicago IL 60685			Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			Contribution	
Name of Employer CNA		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		
C. Full Name (Last, First, Middle Initial) John Landenberger			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 5	
Mailing Address CNA Plaza			Transaction ID: SA11A1.6983	
City State Zip Code Chicago IL 60685			Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			Contribution	
Name of Employer CNA		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		
SUBTOTAL of Receipts This Page (optional) ▶			2000.00	
TOTAL This Period (last page this line number only) ▶				

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name (Last, First, Middle Initial)

A. Wendy Landenberger

Mailing Address CNA Plaza

City State Zip Code
 Chicago IL 60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 3 / 2 0 0 5

Transaction ID: SA11A1.6982

Amount of Each Receipt this Period

300.00

Contribution

Full Name (Last, First, Middle Initial)

B. James Lewis

Mailing Address CNA Plaza

City State Zip Code
 Chicago IL 60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 6 / 2 0 0 5

Transaction ID: SA11A1.6877

Amount of Each Receipt this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Stephen Lilienthal

Mailing Address CNA Plaza

City State Zip Code
 Chicago IL 60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA Insurance

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 6 / 2 0 0 5

Transaction ID: SA11A1.6878

Amount of Each Receipt this Period

1000.00

Contribution

SUBTOTAL of Receipts This Page (optional)

2300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A. Full Name (Last, First, Middle Initial) Brian Loebach			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 5	
Mailing Address CNA Plaza			Transaction ID: SA11A1.6987	
City State Zip Code Chicago IL 60685			Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			Contribution	
Name of Employer CNA		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		
B. Full Name (Last, First, Middle Initial) Gail Long			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 5	
Mailing Address CNA Plaza			Transaction ID: SA11A1.7026	
City State Zip Code Chicago IL 60685			Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C			Contribution	
Name of Employer CNA Insurance		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		
C. Full Name (Last, First, Middle Initial) Michael Mallon			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 5	
Mailing Address CNA Plaza			Transaction ID: SA11A1.6995	
City State Zip Code Chicago IL 60685			Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C			Contribution	
Name of Employer CNA		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		
SUBTOTAL of Receipts This Page (optional)			1100.00	
TOTAL This Period (last page this line number only)				

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A. Full Name (Last, First, Middle Initial) Glen Mangold			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 5	
Mailing Address CNA Plaza			Transaction ID: SA11A1.6996	
City State Zip Code Chicago IL 60685			Amount of Each Receipt this Period 350.00	
FEC ID number of contributing federal political committee. C			Contribution	
Name of Employer CNA Insurance		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00		
B. Full Name (Last, First, Middle Initial) Todd Marks			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 5	
Mailing Address CNA Plaza			Transaction ID: SA11A1.6997	
City State Zip Code Chicago IL 60685			Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			Contribution	
Name of Employer CNA		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		
C. Full Name (Last, First, Middle Initial) Brian Mibus			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 5	
Mailing Address CNA Plaza			Transaction ID: SA11A1.7002	
City State Zip Code Chicago ID 60685			Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C			Contribution	
Name of Employer CNA Insurance		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		
SUBTOTAL of Receipts This Page (optional)			900.00	
TOTAL This Period (last page this line number only)				

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A. Full Name (Last, First, Middle Initial) George Moore			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 5	
Mailing Address CNA Plaza			Transaction ID: SA11A1.7005	
City State Zip Code Chicago IL 60685		Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Contribution		
Name of Employer CNA		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		
B. Full Name (Last, First, Middle Initial) Lew Nathan			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 5	
Mailing Address CNA Plaza			Transaction ID: SA11A1.6886	
City State Zip Code Chicago IL 60685		Amount of Each Receipt this Period 750.00		
FEC ID number of contributing federal political committee. C		Contribution		
Name of Employer CNA		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00		
C. Full Name (Last, First, Middle Initial) Sarah Pang			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 3 / 2 0 0 5	
Mailing Address CNA Plaza			Transaction ID: SA11A1.7453	
City State Zip Code Chicago IL 60685		Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Contribution		
Name of Employer CNA		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		
SUBTOTAL of Receipts This Page (optional)			2250.00	
TOTAL This Period (last page this line number only)				

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A. Full Name (Last, First, Middle Initial) Cathy Pierce Mailing Address CNA Plaza City Chicago State IL Zip Code 60685 FEC ID number of contributing federal political committee. C Name of Employer CNA Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 5 Transaction ID: SA11A1.7021 Amount of Each Receipt this Period 300.00 Contribution
B. Full Name (Last, First, Middle Initial) Robert Rice Mailing Address CNA Plaza City Chicago State IL Zip Code 60685 FEC ID number of contributing federal political committee. C Name of Employer CNA Insurance Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 5 Transaction ID: SA11A1.7027 Amount of Each Receipt this Period 250.00 Contribution
C. Full Name (Last, First, Middle Initial) Louis Roberts Mailing Address CNA Plaza City Chicago State IL Zip Code 60685 FEC ID number of contributing federal political committee. C Name of Employer CNA Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 5 Transaction ID: SA11A1.7028 Amount of Each Receipt this Period 500.00 Contribution
SUBTOTAL of Receipts This Page (optional)		1050.00
TOTAL This Period (last page this line number only)		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A. Full Name (Last, First, Middle Initial) Daniel Rockwell			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 6 / 2 0 0 5	
Mailing Address CNA Plaza			Transaction ID: SA11A1.7450	
City State Zip Code Chicago IL 60685			Amount of Each Receipt this Period 350.00	
FEC ID number of contributing federal political committee. C			Contribution	
Name of Employer CNA Insurance		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00		
B. Full Name (Last, First, Middle Initial) Vicky Russell			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 5	
Mailing Address CNA Plaza			Transaction ID: SA11A1.7030	
City State Zip Code Chicago IL 60685			Amount of Each Receipt this Period 750.00	
FEC ID number of contributing federal political committee. C			Contribution	
Name of Employer CNA Insurance		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00		
C. Full Name (Last, First, Middle Initial) Thomas Scott			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 5	
Mailing Address CNA Plaza			Transaction ID: SA11A1.7031	
City State Zip Code Chicago IL 60685			Amount of Each Receipt this Period 750.00	
FEC ID number of contributing federal political committee. C			Contribution	
Name of Employer CNA		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00		
SUBTOTAL of Receipts This Page (optional)			1850.00	
TOTAL This Period (last page this line number only)				

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A. Full Name (Last, First, Middle Initial)

Michael Sehr

Mailing Address CNA Plaza

City State Zip Code
 Chicago IL 60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 3 / 2 0 0 5

Transaction ID: SA11A1.7032

Amount of Each Receipt this Period

750.00

Contribution

B. Full Name (Last, First, Middle Initial)

Kevin Shyne

Mailing Address CNA Plaza

City State Zip Code
 Chicago ID 60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 4 / 2 0 0 5

Transaction ID: SA11A1.6889

Amount of Each Receipt this Period

300.00

Contribution

C. Full Name (Last, First, Middle Initial)

Jerry Sliwa

Mailing Address CNA Plaza

City State Zip Code
 Chicago IL 60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 3 / 2 0 0 5

Transaction ID: SA11A1.7038

Amount of Each Receipt this Period

300.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A. Full Name (Last, First, Middle Initial)

Stephen Stonehouse

Mailing Address CNA Plaza

City State Zip Code
 Chicago IL 60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 3 / 2 0 0 5

Transaction ID: SA11A1.7045

Amount of Each Receipt this Period

500.00

Contribution

B. Full Name (Last, First, Middle Initial)

Karen Stuttman

Mailing Address CNA Plaza

City State Zip Code
 Chicago IL 60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 3 / 2 0 0 5

Transaction ID: SA11A1.7046

Amount of Each Receipt this Period

300.00

Contribution

C. Full Name (Last, First, Middle Initial)

Kathy Szur

Mailing Address CNA Plaza

City State Zip Code
 Chicago IL 60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 3 / 2 0 0 5

Transaction ID: SA11A1.7048

Amount of Each Receipt this Period

300.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A. Full Name (Last, First, Middle Initial)
David Tenenbaum

Mailing Address CNA Plaza

City State Zip Code
Chicago IL 60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 5

Transaction ID: SA11A1.7052

Amount of Each Receipt this Period

300.00

Contribution

B. Full Name (Last, First, Middle Initial)
Sandra Wagman

Mailing Address CNA Plaza

City State Zip Code
Chicago IL 60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 0 5

Transaction ID: SA11A1.6881

Amount of Each Receipt this Period

300.00

Contribution

C. Full Name (Last, First, Middle Initial)
Michael Warnick

Mailing Address CNA Plaza

City State Zip Code
Chicago ID 60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 6 / 2 0 0 5

Transaction ID: SA11A1.7451

Amount of Each Receipt this Period

750.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

34050.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name (Last, First, Middle Initial)

A. Baker for Congress

Mailing Address PO Box 1694

City
Baton Rouge

State
LA

Zip Code
70821-9990

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☒ General
☐ Other (specify) ▼

State: LA District: 06

Transaction ID: SB23.6868

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Ben Nelson for U.S. Senate Committee

Mailing Address 420 C Street, NE

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement
Contribution

Candidate Name
Ben Nelson for U.S. Senate Committee

002
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For:
☐ Primary ☒ General
☐ Other (specify) ▼

State: NE District:

Transaction ID: SB23.7458

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. CARPER FOR SENATE

Mailing Address 19 EAST COMMONS BLVD SECOND FLOOR

City
NEW CASTLE

State
DE

Zip Code
19720

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For:
☐ Primary ☒ General
☐ Other (specify) ▼

State: DE District: 00

Transaction ID: SB23.6860

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name (Last, First, Middle Initial)

A. Citizens for Mark Kirk

Mailing Address 1161 Wayzata Blvd., Ste 210

City State Zip Code
Wayzata MN 55391

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 10

Transaction ID: SB23.7463

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. DONALD A. MANZULLO FOR CONGRESS

Mailing Address PO Box 7783
PO Box 7783

City State Zip Code
Rockford IL 61126

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 16

Transaction ID: SB23.7461

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF KENT CONRAD

Mailing Address PO BOX 812

City State Zip Code
BISMARCK ND 58502

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For:
☐ Primary ☒ General
☐ Other (specify) ▼

State: ND District: 00

Transaction ID: SB23.6862

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name (Last, First, Middle Initial)

A. Gard for Congress Exploratory

Mailing Address PO Box 277

City
Green Bay

State
WI

Zip Code
54305

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☒ General
☐ Other (specify) ▼

State: WI District: 8

Transaction ID: SB23.6871

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. HASTERT FOR CONGRESS COMMITTEE

Mailing Address P. O. Box 625
PO BOX 625

City
Batavia

State
IL

Zip Code
60510

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 14

Transaction ID: SB23.6864

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. JERRY WELLER FOR CONGRESS INC.

Mailing Address P.O. Box 15283

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For:
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 11

Transaction ID: SB23.7462

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name (Last, First, Middle Initial)

A. Leadership PAC 2006 (Mike Oxley)

Mailing Address 675 North Washington
Suite 410

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.6865

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. LEAHY FOR U.S. SENATOR COMMITTEE

Mailing Address PO BOX 53

City BURLINGTON State VT Zip Code 05402

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: ☐ Primary ☒ General
☐ Other (specify) ▼

State: VT District: 00

Transaction ID: SB23.7465

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. MCCREY FOR CONGRESS COMMITTEE

Mailing Address Post Office Box 52956
333 Texas Street Suite 1900

City Shreveport State LA Zip Code 71135

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☒ General
☐ Other (specify) ▼

State: LA District: 04

Transaction ID: SB23.7468

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name (Last, First, Middle Initial)

A. MIKE DEWINE FOR US SENATE

Mailing Address PO BOX 340188

City
COLUMBUS

State
OH

Zip Code
43234

Purpose of Disbursement
Contribution

Candidate Name
MIKE DEWINE FOR US SENATE

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: ☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 00

Transaction ID: SB23.7456

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. SANTORUM 2006

Mailing Address ONE TOWER BRIDGE SUITE 1440

City
WEST CONSHOHOCKEN

State
PA

Zip Code
19428

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: ☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 00

Transaction ID: SB23.6869

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ►

7000.00

TOTAL This Period (last page this line number only) ►

25500.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 33 / 34

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name (Last, First, Middle Initial)

A. Citizens for DeWine (Kevin)

Mailing Address 506 Crisp Wind Court

City Fairborn State OH Zip Code 45324

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.7766

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Committee to Elect Blessing (Louis)

Mailing Address 3153 McGill Lane

City Cincinnati State OH Zip Code 45251

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.7767

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Husted for State Representative

Mailing Address 148 Sherbrooke Drive

City Kettering State OH Zip Code 45429

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.7768

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 34 / 34

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name (Last, First, Middle Initial)

A. Seitz for State Representative (Bill)

Mailing Address 4401 Abby Court

City
Cincinnati

State
OH

Zip Code
45248

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.7769

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

4000.00